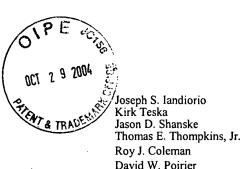
PART B - FEE(S) TRANSMITTAL

Compl	lete and send tl	his form, together wit	h applicable fo	ee(s), to: <u>M</u> or <u>F</u>		Mail Stop ISSUI Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000	or Patents)	·	
INSTRU	CTIONS: This for	m should be used for tran	smitting the ISSU				ired). Blocks 1 thro	ugh 5 sl	ould be completed where	
appropria indicated	ate. All further corn l unless corrected b	m should be used for tran respondence including the selow or directed otherwise	Patent, advance or in Block 1, by (a	ders and notif) specifying/a	new con	of maintenance fees verespondence address	vill be mailed to the and/or (b) indicating	current g a sepa	correspondence address as rate "FEE ADDRESS" for	
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. 1	0/657,424	09/08/2003		George P.	Emerson		EMER-101J		9033	
	PPLN. TYPE	SUFFLATION-EXSUFFLA	ISSUE FI			BLICATION FEE	TOTAL FEE(S) D		DATE DUE	
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CFR 1.36 Chi Addres "Fe PTO/S	i3).ange of correspondsss form PTO/SB/12ee Address" indicati	address or indication of "Fe ence address (or Change of 2) attached. on (or "Fee Address" Indicar r more recent) attached. Use	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
PLEAS records (A) NA	ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE J.H. Emerson Company (B) RESIDENCE: (CITY and STATE OR COUNTRY) Cambridge, MA									
		assignee category or categor				☐ Individual ☐ C	orporation or other pr	rivate gro	up entity Government	
4a. The fo	ollowing fee(s) are e ue Fee	enciosed:	b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.							
					Payment by credit card. Form PTO-2038 is attached.					
					The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0002 (enclose an extra copy of this form).					
		from status indicated above)							
	a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. e Director of the USPTO is requested to apply the Issue Fee and Publication TTE: The Issue Fee and Publication Fee (if required) will not be accepted for the Use of the Use States Patent and Tradegreed for the Use of the Use States Patent and Tradegreed for the Use of the Use States Patent and Tradegreed for the Use States Patent and Tradegreed				int is no l	onger claiming SMA	LL ENTITY status. S	See 37 CI	FR 1.27(g)(2).	
NOTE: Ti interest as	he Issue Fee and Pus shown by the reco	s requested to apply the Issublication Fee (if required) with the United States Pate	ie Fee and Publicat vill not be accepted int and Trademark	tion Fee (if any I from anyone Office.	() or to re other tha	e-apply any previousl in the applicant; a reg	y paid issue fee to the stered attorney or ag	e applica ent; or th	tion identified above. e assignee or other party in	
Author	Authorized Signature July					Date _	/26/04			
	or printed name	Jason D. S.				Registration		3,91		
This colle an applica submitting this form Box 1450 Alexandri	ction of information ation. Confidentiality the completed appand/or suggestions Alexandria, Virgina, Virginia 22313-1	n is required by 37 CFR 1.3 y is governed by 35 U.S.C. plication form to the USPTG for reducing this burden, sh nia 22313-1450. DO NOT \$ 450.	11. The information 122 and 37 CFR 1 D. Time will vary ould be sent to the SEND FEES OR C	n is required to 1.14. This colled depending upon Chief Information	o obtain of ection is on the in- ation Off FORMS	or retain a benefit by the estimated to take 12 dividual case. Any conficer, U.S. Patent and TO THIS ADDRESS	he public which is to minutes to complete, mments on the amou Trademark Office, U S. SEND TO: Comm	file (and includin unt of tin J.S. Depa issioner f	by the USPTO to process g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450	

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October 26, 2004

Mail Stop Issue Fee Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

SUBJECT:

Applicant:

George P. Emerson

Title:

INSUFFLATION EXSUFFLATION SYSTEM WITH

PERCUSSIVE ASSIST FOR REMOVAL OF BRONCHO-PULMONARY SECRETIONS

Serial No:

10/657,424

Filed:

September 8, 2003

Confirmation No:

9033

Date Mailed: October 12, 2004

October 12, 200

Examiner:

Lewis, Aaron J.

Group:

3743

Docket No:

EMER-101J

Dear Sir:

Enclosed are the Form PTOL-85 and a check in the amount of \$1015.00, including \$685.00 for the Issue Fee, \$300.00 for the Publication Fee and \$30.00 for ten (10) copies of the issued patent.

If at any time it appears that a telephone conference with counsel would help to advance prosecution, please telephone the undersigned or his associates, collect in Waltham, Massachusetts, at (781) 890-5678.

If any payment during prosecution is found to be incorrect, please charge any deficiency or credit any overpayment to my Deposit Account No. 09-0002. A copy of this letter is enclosed for use by the Finance Branch in the event that it is necessary to make any charge or credit any overpayment to my deposit account.

Kindly acknowledge receipt of the foregoing by returning the enclosed self-addressed postcard.

Commissioner for Patents October 26, 2004 Page 2

Sincerely

Jason D. Shanske Reg. No. 43,915

JDS:lr Enclosure